

FORM 3: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting

EMMANUEL JUNIOR ACADEMY

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

School Office Staff

I understand that I must deliver the medicine personally to a member of school staff. I accept that this is a service that the school is not obliged to undertake. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that a non-medical professional will oversee my child's medication and that it is my responsibility to dispose of any unused medicines and ensure medicines provided are within date.

Signature(s) _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.